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Reflexivity and Organizational Culture: A Comparative Case Study

By

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### **Abstract**

This research explores how reflexive practices are shaped by organizational culture. For the purposes of this study reflexivity is defined as a self-critical approach that involves examining how knowledge is created, how one may be complicit in relations of knowledge and power, and the potential consequences for inequality and privilege (D'Cruz, Hemmingham, & Melendez, 2007, p. 86). Organizational culture is defined as the shared norms, beliefs, and expectations that often drive behavior and create the social milieu that shape the objectives of the work accomplished and communicate what is important within the organization (Hemmelgarn, Glisson, & James, 2006, p. 75). For this research, I used a qualitative comparative case study methodology. Clinical social workers from three different agencies were invited to participate in small group interviews. Social workers were interviewed about agency mission statements, treatment methods, scope of practice and supervision policies. Participants were also asked about their relationship with reflexivity and how the organizational culture at their agency shapes this practice. I analyzed the data through thematic analysis comparing thematic similarities and differences. The findings reveal the conditions of agencies that employ clinical social workers, the subordinate role of reflexivity in social work practice, an intersection between organizational culture and leadership, and fear in social work practice. This study emphasizes the need for future research to focus on how critical reflexivity is in modern social work practice, reflexivity as a tool in contemporary neuro-organizational culture, a new concept to describe human behavior and interaction in the workplace (Reisyan, 2016), and leadership in social work.

### **Acknowledgments**

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## **Chapter One: Introduction**

### **Research Motivations**

The interest to complete this research evolved from my own professional experience. For five years, I was employed as a clinician. I was hired in 2010 after the completion of my first Master's in Creative Arts Therapies from Concordia University. The program served street involved and homeless youth. The two-member team worked around the clock to serve over three hundred unique individuals annually. It was difficult work, I met many young people who were experiencing the unimaginable horrors of neglect and the realities of street life. The clinical work was compounded by never-ending competing priorities, a scarcity of agency resources, an exhausted bureaucracy and a relentless waitlist. With certainty, I can say this is the place I learned how to be a therapist. My colleague and supervisor supported my clinical work which resulted in my registration as a Psychotherapist. Every now and again in the thick of intensive clinical responsibility, external program opportunities would come along. The more I was exposed to these opportunities the more my interests in them developed. Grant writing, program development, and community education were experiences that exposed me to the larger systems planning. Increasingly I would volunteer to lead these projects and began prioritizing these indirect duties of my employment. I witnessed incredible systemic injustices for the service user and I also experienced a simultaneous professional dilemma. My work as a young therapist was governed by bureaucratic agendas and manipulated by funding obligations to which I had not subscribed. I held and continue to hold a belief that therapeutic practice should be supported by employers who understand the complex nature of working for people in need and be built on systems that fundamentally support the principles that allow for the best care possible. In the fall

of 2015 I left this position to return to full time social work education at Laurier with a concentration in Community, Planning, Policy and Organizations.

### **Research Intention**

My study in social work introduced me to the concept of reflexivity via the work of Jan Fook (2012) who described reflexivity as “being able to locate one’s influence in context, and to understand how one’s self and actions are constructed in relation to context” (p. 196).

Discovering reflexivity was a bit of a eureka moment. I quickly developed an interest in it because of my own therapeutic practice - institutional logic, agency realities and treatment approaches were not always conducive to the delving into critical approaches and unrecognized assumptions. Reflexivity was the articulation of something I was aspiring to do in my practice. Informed by my own professional experience, I pursued this research to learn more about how clinical social workers understand reflexivity, how they are using reflexivity in their practice, and whether agency’s that employ clinical social workers are supporting reflexive practices. It was through interviewing clinical social workers from different agencies and discussing organizational culture, defined as “the shared norms, beliefs, and behavioral expectations that drive behavior and communicate what is valued in organizations” (Hemmelgarn, Glisson, & James, 2006, p. 75) that I was able to capture their perceptions of how culture did or did not support reflexive practices. This thesis aims to describe how reflexive practice is shaped by different organizational cultures.



## Chapter Two: Literature Review

In this chapter, the evolution of reflexivity in social work is explored. Use of self, reflection, critical reflection and reflexivity are described to develop an understanding of the main phenomenon of interest. Specific considerations of reflexivity in practice are also explored. These include: espoused theory and theory in use, ethics, power and social location/social position. A working definition of organizational culture is outlined and the current state of organizational culture in relation to clinical social work is explained. I then introduce the central question of this research.

### The Evolution of the term Reflexivity in Social Work

In social work literature, the meaning of reflexivity has evolved over time. There is an evolution in the literature beginning with *use of self*, the personhood of the practitioner (Mandell, 2007); *reflection*, the practitioner standing back and observing practice; *critical reflection*, how the practitioner impacts practice; and *reflexivity*, wherein the practitioner becomes part of the construction of practice (Kondrat, 1999).

**Use of self, reflection, and critical reflection.** Use of self is a core concept in social work practice. Use of self is a practitioner's ability to self-monitor (Mandell, 2007). It is most simply understood as the personhood of the practitioner (Mandell, 2007). In this context, personhood is defined as conscious attitudes, beliefs, insights, and ways of thinking (Mandell, 2007). Use of self in social work practice is the combination of skills and values gained in social work education with aspects of one's personal self, including belief systems and life experiences (Dewane, 2006). Use of self is often influenced by the practitioner's theoretical orientation and practice setting.

Reflection promotes distance by asking the practitioner to create space between themselves and their practice in order to gain a more objective view (Kondrat, 1999). Reflection then invites the practitioner to learn from experience (Fook, 2012) by examining their practice against their fundamental knowledge base that is often acquired in formal education and professional training. Reflection is commonly achieved by introducing evaluative techniques that increase objective distance and examine outcomes (Kondrat, 1999).

Critical reflection helps the practitioner progress toward deliberate consideration of action in practice (Kondrat, 1999). First, maintaining objective space keeps the practitioner open to new perspectives and capable to address the challenging questions that critical reflection evokes (Rossiter, 2005). Critical reflection happens when assumptions are exposed, new meaning is made and that new meaning informs future action (Fook, 2012). Critical reflection is an approach to thinking about knowledge, theory and practice. Finlay (2008) very simply defines critical reflection among a very dense body of literature as: a critical evaluation, an act of ongoing learning to improve future practice.

It is also important to note that both Rossiter (2005) and Fook (2012) reference Donald Schön (1983, 1987), a well-known scholar who is credited for developing the concept of reflective practice and largely contributed to organizational learning, when exploring the origins of critical reflection. These authors remind us that the early development of critical reflection was a response from practitioners. Practice theories were proving to be inadequate and led to the questioning of traditional approaches of knowledge building (Fook, 2012). Critical reflection was originally an alternative way of developing knowledge about practice. Critical reflection allowed the practitioner to recognize their implicit ideas and the theories informing their choices

in order to develop a practice experience (Fook, 2012) – a new way that knowledge could be generated.

**Reflexivity.** Reflexivity is a practitioner's "self-critical approach that involves him/her questioning how knowledge is created and how he/she may be complicit in relations of knowledge and power that have consequences for inequality, privilege and power" (D'Cruz, Gillingham & Melendez, 2007, p. 86). This is the adopted definition for this research and the one shared with participants during the small group interviews. Reflexivity asks the practitioner to "locate one's influence in context, and to understand how one's self and actions are constructed" (Fook, 2012, p. 196) in relation to that context. Reflection places a great emphasis on the "process" (Fook, 2012, p. 49) whereas reflexivity is more of a "stance" (Fook, 2012, p. 49), locating oneself and how one influences that practice. Reflexivity is a tool for practitioners, and at times an intimidating one, as it critically reviews the creation of professional practice but also has the ability to refurbish it. Our ability to critically think about our own thoughts and those of others purposefully makes candid what is usually unspoken (Lay & McGuire, 2010). This practice is experimental, requiring awareness while enabling accountability. If we can become aware of our biased attitudes, we can then find out in what ways these biases behave and the assumptions we are not readily aware of - "we need, in other words, to reflect on our reflections, to be reflexive" (Antonacopoulou & Tsoukas, 2002, p. 3). The ultimate goal of reflexive practice in clinical settings is to better understand one's own social position (Heron, 2005), origins of knowledge and perceptions of power. The ability to think about what we do and why involves more than a set of expertise or simply performing a daily task. It is a "multi-layered investigation, comprising individual developmental history and multiple social identities in the context of personal experience, education, socialization and political milieus – with a critical

analysis of one's role as a social worker in the relations of power that constitute our practice" (Mandell, 2008 p. 237). Being reflexive is difficult, and it is not often that practitioners find spaces to recognize biases, privileges, and limitations. Even so, that is what it takes to truly be reflexive. Discussing who we are, how we come to know, and acknowledging and questioning our assumptions creates opportunities for new knowledge and a growing practice.

### **Reflexivity in Practice**

Reflexive practice involves critical attention to social work values, theories and knowledge generation. There are a few concepts in the literature that are important for me to define and consider as I begin to think about reflexivity in organizations.

**Espoused theory and theory in use.** Espoused theory refers to the values that people believe guide their behaviors (Savaya & Gardner, 2012). Theory in use refers to the "values reflected in the behaviors that actually drive our actions" (Savaya & Gardner, 2012, p. 145). Although espoused theory and theory in use is a concept that originates from critical reflection literature, I felt it had an important connection in my research about reflexivity because a reflexive exploration might involve participants speaking about the values they adopt versus what values truly guide their practice. It is not easy to be aware of how our espoused theories differ from our theories in use. Reflexivity can make conscious the values and assumptions that inform our actions (Savaya & Gardner, 2012) and can be intentionally used to explore the identification of differences between what we espouse and what we practice.

**Moral distress.** Merlinda Weinberg (2009) discussed moral distress as a missing ethical concept in social work practice and speculates this is a result of the narrow construction of ethical codes in social work. Moral distress describes the emotional and psychological effects experienced by practitioners when they are unable to pursue what they feel is right because of

institutional limitations (Weinberg, 2009). Moral distress considers the institutional causes of professional anguish. Moral distress gives voice to social work values and how they might differ from what is actually done in practice (Weinberg, 2009). In my experience, organizations that employ clinical practitioners are often publically funded agencies, with large caseloads and long waitlists, chock full of standardized expectations, legal requirements and institutionalized policies. Moral distress is important for this exploration of reflexivity because the experiences of the participants might reveal institutional issues. For example, participants might express a dilemma regarding a personal sense of what is right versus the institutional policies and demands. On the other hand, practicing reflexively offers ethical quality in the construction of knowledge because reflexive thinking challenges the existing state of knowledge, power, inequality and privilege. With this in mind, a reflexive stance could contribute positively to organizational planning and development. Moral distress will be an important factor to listen for in the small group discussions observing if connections are made between professional values and systemic influences.

**The role of power.** Reflexivity is a construct that recognizes the relationships of power in the generation of new knowledge. D’Cruz et al. (2007) discuss the constructive and oppressive ways in which power can manifest within our practice: the useful power we hold as practitioners enabling us to do good work; the operation of power between ourselves, our clients, our colleagues and supervisors; and the institutional power within the rules and procedures of the organizations we work in (D’Cruz et al., 2007). Power is a central aspect in social work and integral in the basic purpose of the reflexive stance (how knowledge is created and its consequences for inequality, privilege, and power). Power is also very interconnected to my understanding of social location and social position.

**Understanding social location and social position.** In the 1980's social location became predominant in North American feminist writings regarding the deconstruction of whiteness (Heron, 2005). Social location became popular in social work because of its integration in the development of structural social work, which focuses on socio-economic structures and the cause for social problems (Heron, 2005). Social location is defined as one's gender, race, class, age, ability, religion, sexual orientation, and geographic location. A major critique Heron (2005) makes of centralizing social location in social work is that knowing one's social location does not lead to reflexive conversations on the intersections of those locations. What do I embody? Who do I represent because of my social location? Practitioners must inter-subjectively examine themselves, their presence with clients, how power is present, and how they are perceiving and being perceived. Thinking about reflexivity and organizational culture, social location has a huge role in our perceptions of each other. Our perceptions often include thinking about power and in clinical social work this is particularly relevant between social workers and service users. Social position is our subjectivity or subject positions (Heron, 2005). These positions are the personal feelings and opinions that we are influenced by. A social position is easily identified when something is discussed, described or dealt with that gives rise to a feeling, opinion and/or response. A good understanding of social location and social position is important in my exploration of reflexivity in organizations because both can open up opportunities for new knowledge about our social identities (Heron, 2005).

### **Organizational Culture**

This section of the literature review will provide a working definition of *organizational culture*. This developed definition was shared with participants during the small group interviews. There is a significant body of literature that is outside of social work dedicated to

differentiating organizational culture and organizational climate. Organizational culture and climate have their separate histories in organizational literature but often became indistinguishable in their utilization in the 1990's (Glisson, 2007). Both play a role in the social context of an organization; climate is understood as the older of the two constructs dating back to the 1950's as an observable, quantifiable phenomenon (Schein, 1990). In the 1970's, evolving from anthropologic qualitative understandings (Glisson, Schoenwald, Kelleher, Landsverk, Hoagwood, Mayberg, & Green, 2007), organizational culture gained popularity because it began to explain the underlying ways in which organizations functioned (Schein, 1990). Rather than simply focusing on the way people become aware of their work environment, as organizational climate is understood (Glisson, 2007), organizational culture refers to:

shared norms, beliefs, and behavioral expectations that drive behavior and communicate what is valued in organizations. These beliefs and expectations are the basis for socializing coworkers in how to behave within an organization and create a social milieu that shapes the tone, content, and objectives of the work accomplished within the organization (Hemmelgarn, Glisson, & James, 2006, p. 75).

Organizational culture is the second phenomenon of interest in this comparative case study. Dr. Charles Glisson – a social work professor and researcher at the University of Tennessee and a guru in the study of social contexts and their critical importance to organizations – studied the effects of organizational culture on human service teams' attitudes, perceptions and behaviour (Glisson & James, 2002). The results indicated organizational culture has a prevalent impact on social workers in the public sector (Glisson & James, 2002). The describable factors of organizational culture include: role expectations and procedures, agency mission statements, agency policies, and work hours (Project Management Institute, 2004). There

are some factors of culture that a job description, policy document, or mission statement will lack. Instead these factors are held by individual people working within the organization. Despite the critique of subjectivity, individual meanings and perceptions are fundamental to understanding an organization's culture (Glisson, et al., 2007). The concept of culture is a unique one, because so much of it exists below the surface and yields powerful implications and impact (Schein, 2010). An organization's culture also includes interactions between subcultures. A subculture is a group within the larger culture, often described as having beliefs different than those of the larger culture or a group reflective of similarities in the agency's members, such as shared tasks or agency length of experience (Schein, 2010). This is important because subcultures demonstrate complexity, they show variance and nuance from the larger culture.

I have derived much of my understanding of organizational culture from Edgar Schein's work. In more recent literature there are some critical considerations of Schein's (1990) development of organizational culture, and although he is an extremely notable author in the subject, his work is becoming outdated. There have been more recent efforts to better comprehend and describe organizations. Out of these efforts, I looked most closely at Reisman's (2016) responses. His main criticism of Schein's work is the description of culture being shared by members of a group. Reisman argues that the ultimate source of human behaviour is the individual (2016). Culture is in fact the interplay between individuals and those in a group (Reisman, 2016). He develops what he calls neuro-organizational culture. This concept describes a new approach to understanding human behavior and interaction in the workplace, replacing the old concept of organizational culture by one that takes into account humans' perceiving, feeling, thinking, and acting (Reisman, 2016). Neuro-organizational culture is largely informed by neuroscientific research, combining experiences from organizational culture with brain and



emotion research, as well as insights from sociology and psychology (Reisyan, 2016). It provides a framework to analyze, foster and actively change organizational culture to promote sustainable success of organizations. Reisyan's criticism is important to note and to consider the ongoing development of neuro-organizational culture as it will likely inform future areas of exploration. This research however, focuses on the former, more established definition of organizational culture mostly because I had a better understanding of this concept and I felt it was the best fit for this Master's level research.

**Current organizational culture in relation to social work practice.** In the first half of the 20<sup>th</sup> century social work established an underlying knowledge base that was characterized by moral competence, positive solutions to social problems, the maintenance of healthy families and communities, and the mediation between the marginalized and mainstream (Parton, 2008). By the 1970's and onward this social work knowledge base faced a changing social, political and economic climate, with new technological advances, and professional accountability which at that time was centralized around the need to better protect children (Parton, 2008). As a result, social work practice has become a system of service that now prioritizes safety, reliability and standardization (Parton, 2008).

The rise of neoliberal funding formulas also has implications for clinical social work practice. Under neoliberal agendas the priorities of organizations change and this has an effect on social work. In my experience, neoliberal agendas create competition instead of solidarity, fuel funding constraints, deplete staff and limit supervision. Social work has become vulnerable to the demands of managerialism, the reduction of the social welfare state, the need to fulfill bureaucracy, rationing resources and managing risk (Rogowski, 2013). Social work has become preoccupied with risk (Parton, 2013) and there are real consequences for practice. Risk

management, risk assessment, and risk prevention have become common place in clinical social work practice. The increase in concern about risk is because of the uncertainty of the changing social and economic landscape and is a coping response to these kinds of changes (Parton, 2013). The current state of organizational culture in relation to clinical social work practice is important to understand as I anticipate small group interviews with clinical social workers.

### **Research Question**

This literature review provided definitions of reflexivity and organizational culture. Specific aspects of reflexivity in practice were also presented given the two phenomena of interest. I also began to think about the current state of organizational culture in relation to clinical social work practice. In this qualitative, comparative case study, clinical social workers from three different agencies participated in small group interviews. The case study methodology and methods are detailed in the next chapter. A thematic analysis is used to present the findings, followed by a discussion and implications for future research. In this research, I explore different organizational cultures by speaking to clinical social workers and better understand their perceptions on whether these cultures support or hinder reflexive practices. *The objective of the study is to explore: how is reflexive practice shaped by organizational culture?*

### **Chapter Three: Methodology and Methods**

This research is guided by the use of two paradigms: constructivism and social construction. These paradigms are defined because they served as the structure for how I gathered, understood and disseminated this data. This chapter also outlines the case study methodology and corresponding methods of data collection and data analysis. Reference is made to the appendices including the letter of invitation used to recruit interested participants, the letter of information and consent and the interview guide. Consideration is also given to the anticipated ethical implications of participating in this research.

#### **Philosophical Stance: Constructivism and Social Construction Paradigms**

This philosophical stance explains the two paradigms or belief systems that guided this research, the research processes used, and acknowledges my position as the researcher (Lincoln & Guba, 1994).

**Constructivism.** Constructivism is an individual cognitive process involved in constructing knowledge and a way of thinking that proposes people are capable of coming to know in different ways (Fisher, 1991). We build an understanding of our world through lived experiences, classifying those experiences and individually living in those understandings (Fisher, 1991). Knowledge is created rather than discovered because we individually assign meaning to experience (Savin-Baden & Major, 2013). We create schemas to understand our experiences and if necessary modify these schemas based on new experiences (Savin-Baden & Major, 2013). Within a constructivist paradigm I am trying to understand the way participants define the phenomena of interest, particularly reflexivity as it is often an individualized practice, and how these constructed meanings are presented in their language and described in their practice.

**Social constructionism.** Rather than an emphasis on the cognitive approach, social construction is focused on how social relationships influence an individual's development, as well as the roles the wider culture and its societal artifacts play, including custom, religion, and language (Dougiamas, 1998). Social construction is concerned with explaining how people come to describe their world (Gergen, 1985). This process of understanding our worlds is the result of being in active relationships (Gergen, 1985). A big focus from this paradigm is that the world is understood through exchanges between people. Social construction is about how individuals construct knowledge with each other in a form of shared reality (Savin-Baden & Major, 2013). Given that I will also be exploring organizational culture as the second phenomenon of interest and because of the definition I have chosen to adopt I have to consider the paradigm of social construction. Organizational culture is being defined as the “shared norms, beliefs, and behavioral expectations that drive behavior...These beliefs and expectations are the basis for socializing coworkers in how to behave...and create a social milieu that shapes the tone, content and objectives of the work” (Hemmelgarn, et al., 2006). In social construction shared realities are constructed through a) interacting with each another; and b) through cultural influences (Savin-Baden & Major, 2013).

In their early works, Reichardt & Cook (1979) explore mixed methods for evaluation and address blended orientations. They explain that combining two paradigms by mixing their attributes to achieve the best fit for the research is acceptable (Reichardt & Cook, 1979). Although these paradigms share some perspective similarities, there are obvious differences too. Table 1. illustrates a comparison of the research perspectives for these two paradigms.

**Table 1.** Comparison of constructivism and social construction (Savin-Baden & Major, 2013).

	CONSTRUCTIVISM	SOCIAL CONSTRUCTION
RESEARCH APPROACH	subjective	subjective
TRUTHS ABOUT REALITY	reality is individually constructed	reality is socially constructed
HOW TO GAIN KNOWLEDGE	knowledge is created by individually assigning meaning	knowledge emerges through dialogue
PURPOSE OF RESEARCH	to understand individuals	to understand social realities
ROLE OF THE RESEARCHER	involved participant	involved meaning maker

It is important to connect what I quickly discovered as the many intersecting elements of constructivism and social construction with social work. It seems social work literature has increasingly incorporated constructivist thinking (Kondrat, 1999). Academics in social work often use constructivism to create meaningful knowledge for guiding social work practice (Rodwell, 1998). Along with social work ideology, constructivist researchers believe knowledge is constantly evolving (Rodwell, 1998). It is therefore suitable for the completion of qualitative research which does not adhere to definitive generalizability but rather recognizes the uniqueness and truthfulness of individual experiences shared by the participants. Constructivism also supports multiple methods in order to understand data differently, which supports the comparison of cases (Rodwell, 1998). Both social construction inquiry and social work principles value language, communication and meaning making. Both social construction and social work value multiple perspectives and diversity (Rodwell, 1998). Researchers who adopt a social construction perspective understand that issues of power and structure play a role in the understanding of how social meanings are constructed (Kondrat, 1999). Blending these paradigms accentuates perceptions in alignment with the social work notion that a multiplicity of experiences is valued; the approach promotes meaning creation, negotiation and embraces difference and equality in an effort to work toward a desired change (Rodwell, 1998).

### **Comparative Case Study**

Robert Stake (1995) and Robert Yin (2003) are credited for developing the key approaches to case study methodology. Despite their differences both authors base their work in a constructivist paradigm because this paradigm recognizes the importance of the subjective human experience and its role in knowledge creation (Baxter & Jack, 2008). Participants describe their views of reality and this enables me as the researcher to better understand their actions (Baxter & Jack, 2008). Constructivism and social construction allows collaboration between the researcher and the participants which is well suited to a case study methodology. A case study methodology is the best suited for this research because a) the focus of the study is to answer a “how” question; and b) I wanted to learn more about a contextual setting (organizational culture) because I believe it is relevant to an area of interest (reflexivity) (Yin, 2003).

This comparative case study is an examination and analysis of the similarities and differences across three different public sector agencies: a non-profit community agency, a child welfare agency, and a public school board. Data was collected through conducting small group interviews with clinical social workers from these three different agencies. Grey data and researcher notes were also used as data. Comparative case studies emphasize juxtaposition across contexts and are best suited when there is a need to understand specific features; in this instance, organizational culture and its relationship with the practice of reflexivity (Goodrick, 2014). A lot of time was spent thinking about the trustworthiness and credibility of this research primarily to ensure the data addressed the intended focus (Elo, Kaariainen, Kanste, Polkki, Utrainen, & Kyngas, 2014). This effort is seen in the methodology and data collection choices. Small group interviews were used as the main method of data collection. After considering my blended

paradigm, small group interviews were selected as the best method because they allowed for a more than one perspective. This can highlight shared and differing understandings among the participants within each small group. Trustworthiness is explicitly addressed through the use of purposive sampling (Engel & Schutt, 2013). Clinical social workers were best suited to be knowledgeable on the topic of reflexivity. The reasoning for clinical social workers being best suited is because their academic preparations would have likely included some curricula on reflexivity and reflexive practice. Interview questions varied in their structure to prevent gathering only one type of data. For example, the interview guide for the small group interviews included different types of questions (e.g. factual, open-ended) to support different kinds of responses from the participants. This case study used triangulation by collecting grey data (agency mission, service delivery, supervision policies) and using interviewer reflection notes. This ensures the comparison will not explore content through only one lens but “a variety which allows for multiple facets of the phenomenon to be revealed and understood” (Baxter & Jack, 2008, p. 544). An important part of adopting a case study methodology is to place boundaries on what is feasible to accomplish (Baxter & Jack, 2008). Limiting the comparison to three cases is one of these ways in which this research is contained. The agencies, participants and data collection methods are further detailed below.

### **Participants**

The aim of the research was to capture how different organizational cultures shape reflexive practice; because of this, the participants were from various agencies. The participants ideally suited for this research were clinical social workers currently employed, with ideally two years of experience or more. Including this length of experience allowed me to assume that the participant(s) had some professional experience as social workers and could speak to their

practice within a research study. Clinical social workers were recruited whenever possible although one participant was from another counselling background. Clinical social work focuses on the assessment, treatment and prevention of illness by meeting with individuals, groups or families to provide service. For the purposes of this research, two practitioners were recruited from three different types of service agencies, making the total sample size six individual participants. Each agency was a different kind of public service, with different mission statements, referral systems, and target clientele. By selecting a non-profit community agency, a child welfare agency, and a public school board I was hoping to optimize the differences in organizational culture so I could learn of different kinds of cultures and hear participant's perceptions about how culture might shape reflexive practices.

**Recruitment.** Recruitment for this research was based on: a) a representation of different agencies; and b) a selection of clinical social workers. Through purposive sampling (Engel & Schutt, 2013), I targeted a non-profit community agency, a child welfare agency and a public school board. As a Registered Psychotherapist and social worker in training, I have an existing professional network of contacts and utilized these relationships to assist in successful recruitment. After establishing interest from the agencies via emails with clinical staff, I emailed a Letter of Invitation (Appendix B) describing the research and eligibility of participants. Interested participants contacted me via email. In order to ensure confidentiality, the Letter of Invitation assured agencies and their location would not be named within the final report but this information was shared with my thesis advisor.

### **Data Collection**

I invited participants to a onetime 90-minute small group interview. Each small group interview consisted of two social workers and myself as the interviewer. The participants



selected a mutually agreed upon confidential space to meet. After the completion of consent (Appendix C) including a review of confidentiality, details of audio recording/note taking, and handling of data and feedback, I asked a series of open-ended questions from the interview guide. I recorded the open-ended interviews and used a journal to record my impressions, reactions, and other significant events that occurred during data collection.

**Interview guide.** The interview guide (Appendix D) details the questions used in each small group interview. There was one interview guide used for all three small group interviews. There are questions that relate to understanding each agency's practices, including mission statements, treatment methods, scope of practice and supervision policies to illustrate how each agency operates. After providing definitions of reflexivity and organizational culture as developed in the literature review (see Appendix D: *Instructions for Qualitative Interviews* for the definitions provided), in an effort to ensure some continuity, participants were asked questions about their agency organizational culture. I also asked participants about their knowledge and experience with reflexive practices and their perceptions of how the organizational culture at their agency shapes this practice. These questions were devised through synthesizing my understanding of the phenomena from the literature and my professional clinical experience. Asking such questions provided an opportunity to expand on aspects unique to these participants' experiences of organizational culture and reflexive practice.

### **Data Analysis**

I analyzed the data through a thematic analysis, which allowed me to compare code frequencies, identify code co-occurrence, display relationships between themes within the data sets, and move beyond counting explicit words and phrases (Guest, MacQueen, & Namey, 2012). In this way, the research focused on identifying and describing implicit and explicit ideas

within the data (Guest, et al., 2012). Thematic analysis began by organizing the data for each case, including: a) a transcript from the small group interview discussions; b) interviewer reflection notes; and c) grey data. Using the small group interview transcripts, I tagged content related to the research question, coded text, and defined themes (see detailed steps of analysis below), and made code labels for each defined code. I identified themes through word repetition and the emphasis on content assigned by participants. Descriptions for each individual case and between cases examining commonalities, differences and relationships are presented in the findings.

#### Thematic Analysis Steps:

1. I read the set of data for each case. Data sets included a transcript from the small group interviews, journal notes/reflections completed after each interview, and grey data from agency websites, and regulatory sources.

Note: For steps 2 – 5, I analyzed each data set separately

2. I read each individual small group interview transcript twice, and tagged content by highlighting text related to the research question.
3. I read the interview transcript a third time and identified codes (words or phrases related to the research question) in the data. A code label consisting of a unique code ID (i.e. T1C3 – T=transcript number, C=code number), code name, description and text example (quotation from a participant) were written on a note and attached to the transcript. Every subsequent time the material appeared in the transcript, I wrote the unique code number from the label beside the text, and then transcribed them into a word document codebook for each transcript.

4. I then reviewed the codes and their frequencies, aggregating the codes into themes and subthemes within their codebooks.
5. I generally used the grey data (agency mission, service delivery, supervision policies) to help develop my initial understandings of each agency and to assist in writing an agency description for each case. These agency descriptions are in the findings.
6. I compared the codebooks from each case.

### **Ethical Considerations**

The first ethical consideration in this research is the choice to keep each agency identity confidential. The rationale for keeping each agency identity confidential was to minimize the chance that agencies could be identified and so that participants felt comfortable to share real information about their agency organizational culture and reflexive practices. It was important that participants knew that their privacy would be protected and that records would be kept confidential to minimize the chance that participants could be identified. Participation in this research was voluntary, participants could decline to participate or withdraw without penalty. I recorded the audio of the small group interviews and stored the recordings on a password protected and locked usb and computer. This also meant storing transcripts or notes from the small group interviews in electronic format on a password protected and locked usb and computer. While the consent form recorded names with the data, they did not occur elsewhere during data collection or in the final report. Instead participants were assigned participant numbers (i.e. P1=Participant 1). I will ensure the erasure of all recordings, transcripts and notes from the small group interviews after the final report is submitted in May 2017. Participants also shared personal reflections on their professional practice experiences. There was a small amount of emotional risk (e.g. low mood, increased anxiety, decreased confidence in others, guilt, fear,

embarrassment, or frustration) associated with this kind of content but a potential benefit to participants was an opportunity to reflect on important aspects of their practice in an agency context. The research was reviewed by and conducted under the approval of the Wilfrid Laurier University Research Ethics Board.

### **Chapter Four: Findings**

In this chapter, each case is individually presented beginning with an introduction that describes the agency at large and details about the specific program the participants represented. Themes are defined and illustrated for each case. In some instances, subthemes, codes, and excerpts from the small group interview transcripts are used to provide richness to the participant accounts and to ensure connection to the data. Findings from each case are individually presented followed by a section comparing the case results. Throughout the interviews participants were asked a series of open ended questions about their respective agency practices, including: mission statements, treatment methods, scope of practice and supervision policies. After establishing some understanding about the agency's services, participants were then asked a second set of open ended questions pertaining to the phenomena of interest: reflexivity and organizational culture. The participants and agencies will not be named throughout the writing of the findings as detailed in the letter of information and corresponding consent.

These findings depict perceptions about agency organizational culture and the use of reflexivity. Every effort was made to accurately portray what the participants shared with me and as the researcher I did make some interpretations of the data as well. Categorizing the data into themes was my choice during data analysis. Sometimes there were subtle differences in the participant's accounts that served for or against the themes I developed. Whenever possible I tried to capture these nuances while developing the larger themes.

#### **Case One: A Non-Profit Community Agency**

Two community practitioners participated from a non-profit community agency that provides a multitude of services across different social and health sectors and to different beneficiary groups. The community agency represented is a medium sized international charity

with regional offices and programs throughout North America. This community agency has a religious denomination informing and guiding how charity is understood and the implementation of the agency's charitable work. Agency mission and values were strongly represented in the grey data and very visible on the agency website. The values are summarized by a commitment to serve full of respect and love (Organization website<sup>1</sup>, 2014). Each employee's individual contributions and the positive value their impact has on the clients served (Organization website, 2014) is listed as important in their mission description. Mission integration (organizations that aspire to integrate their values and mission into everything they do) is also listed as part of the agency recruitment and hiring practices. This community agency receives the bulk of its financial support from provincial ministry funding and municipal city funding. The focus of this case examines a mental health clinic within one program of the community agency.

Of the two participants in this small group interview one was a white, female, social worker with three years of clinical social work experience exclusive to this agency and the other a white, female, therapist with five years of clinical experience in the field. Referred clients are supported through evidence informed individual and group mental health interventions and through consultation with community partners and other health professionals. The participants manage large caseloads. Often the cases are complex, comprised of client experiences with a spectrum of illnesses and at different stages of care. The target clientele is disenfranchised youth experiencing acute and chronic mental health illnesses. There are many points of access to the mental health clinic: for some clients, referrals are made from another community or health agency, and for others, referrals are made through internal agency programs that the clinic was funded to support.

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<sup>1</sup> "Organization website" is used when the case's organization website identifies the agency by name. This ensures the privacy of personal and agency identities.

**Autocratic leadership.** When I spoke with these participants a theme that quickly emerged was autocratic leadership. Autocracy was an interpretation I made as a researcher based on the perceptions that the participants shared with me. Autocratic leadership is an authoritarian style of leadership in which the power is concentrated in the hands of one person (Cherry, 2016). This leadership style is characterized by individual control over decision making without input from others (Cherry, 2016). This agency has a regional Board of Directors and Executive Directors. This specific program in which the mental health clinic is housed has one director, with directorial power and a team of managers. This style of leadership governs the way this program is constructed and currently operated using a hierarchical framework:

Interviewer (I): So, leadership has a role in the culture?

Participant 2 (P2): It has totally colored my experience in the agency. I would use the word reactive as one of the describers of our leader. Which I find really challenging because I don't think I am a reactive person. I find I can keep it together under pressure until I am downloaded the shame [from our director]. When the shame comes my way, I become clouded by the emotion of not doing good enough or being good enough. It's really hard in that environment because there is so much crisis and we are expected to be in the crisis and because our role comes with some education and our role holds some power due to the education I think we are also a threat to their power. We are called upon for clinical expertise but then told we are not special. Very reactive environment. Which I find challenging to work within.

Although participants were never directly asked about leadership it emerged when discussing agency operations and organizational culture. Participants shared their perceptions of the director as someone who governs using power tactics, control and shaming. When I asked

these participants if they could change one thing about the relationship between the organizational culture and reflexive practices they both identified leadership. They had strong convictions about the amount of influence their director has on the organizational culture:

P2: I saw an email where a worker stood up for herself. I don't know if she meant to reply-all but she really expressed how she was feeling and how she felt shamed by the way the concern was addressed with the staff. I felt like reaching out to that worker because I knew she was going to get in so much trouble.

Participant 1 (P1): There was like an agency reaction to that email because that type of communication never happens.

P2: Everybody is thinking it but nobody says anything.

I: Why?

P1: Because you will be targeted. You will be in the crosshairs with leadership.

This kind of leadership has influence over the way the agency operates and the way clinical services are delivered. Participants shared their perceptions about how the leadership team often acts insincerely, saying one thing and doing another. This was illustrated in the participant's description of the exploitation of the agency mission statement and values.

Participants described that the mission statement and values are applied inconsistently rather than applied authentically:

I: What is the mission of your organization, where you work...and how might I see that day in day out?

P2: There are mission values in our work place and to clarify our work place isn't just a mental health work place it's serving various populations and various needs. So, for some that is housing, some mental health, some physical health. So, our mandate encompasses



all of that. And I find they [the leadership team] really pull on the [names a value] of those values.

I: Tell me more.

P1: So, I think often times we try to serve the youth with [names a value], which I don't see very much for the workers. And the [names a value] like you [referring to P2] said is pulled on quite often and it doesn't tend to be a give and take. It tends to be take.

P2: There seems to be an expectation that we're available, that we flex our schedule, my colleague here [referring to P1] comes in on days off quite frequently...

P1: Today [laughter]

P2: Ya, today I'm working a 24-hour shift because I'm called upon to do things that are outside my role. I also find the more I flex, the more I'm expected to flex. Which I don't care for.

P1: We flex with time but we also flex with the tasks that we do too. I think that our roles can suffer sometimes and we lose time for clinical work based on the other things we are being asked to do.

I: If I go online and read the mission statement and values, would I learn that the values are applied differently to employees, service users? Would I be able to read into what you just said?

P1: No!

P2: I don't think we present that way. I think we present as though we are being treated with respect and flexibility but I don't feel like that is the case.

For both participants, they did not feel they could discuss the inconsistencies of the application of agency values outside of the workplace. Agency employees being treated poorly

but not feeling safe to address it outside of the agency was a result of anticipating unfavorable consequences (e.g. participants cited discrediting their professional reputation and the termination of their employment).

When participants were interviewed about the type of interventions being used in the mental health clinic and their clinical scope of practice they described unrealistic expectations placed upon them. Below is a selected segment from the transcribed interview, notice the explanation of their role and how they perceive the leadership team treats them:

I: So, my third question is what type of interventions or services do you provide in your role?

P2: That is an interesting question, because I find a lot is asked of us. So many various mental health issues and behavioral issues are coming through the door and we are expected to serve all no matter how they are presenting. If they are safe for service, we should be providing service<sup>2</sup>.

I: What is the scope of your position at the agency?

P1: Everything from triage to assessment, connecting with external services, appointments with psychiatry, we are doing psychological educational sessions now...

P2: Tons of crises. If there is a crisis they [the leadership team] expect the clinical team to be involved, helping give direction or just being involved – having a hand in the crisis.

P1: Suicide risk assessments – we do a lot of that. There is a lot that we do. There is coordinating with case managers, housing workers, external resources, and schools. We coach frontline staff when they mental health concerns about a client but it tends to teeter

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<sup>2</sup> In this agency “safe for service” means clients are not at risk of hurting themselves or others.

on the edge of other topics. Training on medication. What else do we do? [directed to P2]  
We consult within the mental health team as well...

P2: Plans of care meetings, parent groups, sometimes we are taking things to specialized consultation tables.

I: How do you know when you're outside your scope?

P1: I feel like we have more permission to go outside of our role than some of the other roles [at the agency].

P2: At the same time, we are expected to know everything. We are called into things that we may or may not be trained in. There seems to be some understanding that we [clinical staff] are all trained the same way, that we all provide the same services. Which isn't the case. We all have strengths and we all have things we could get trained on more.

P2: At times statements in front of community members are made [by the director] about services we would offer. Something like "all our clinicians are trained in concurrent disorders" – that just is not true.

I: So, the description of the role and what actually happens in practice are different?

P1: Very different. It feels like a snowball. You know how a snowball is constantly rolling picking up extra snow, it just gets bigger and bigger...

Participants also described this constant message to do more with less; it seems this is a dominant discourse governing how these community practitioners are expected to practice. They are left exasperated by the unrealistic amount of responsibility, working without boundaries and often more hours than expected.

The theme of autocratic leadership is supported by a subtheme of fear. Fear is a response that participants experienced a) when the values and mission were applied inconsistently; b)

related to the unrealistic amount of job responsibility; and c) in response to the director's style. Fear is response to a) the failure to serve clients appropriately; b) the anticipation of punishment or disciplinary measures; and c) the threat of job termination. It seems that no matter what these clinicians were able to achieve, leadership provided very little professional recognition or care for staff retention. There was a constant threat of publicly being shamed by the director of the agency:

P2: It's the opposite of trauma informed care. We teach this very extensively in our clinical trainings and then when we step into a meeting it is assumed people are not doing the best they can with what they've got. It is, "why did you do this? There is something wrong with you."

P1: Fear governs every aspect of how the agency is set up. For example, if you are late for a staff meeting then you have to sit in the middle of the circle – that is just a small example but the shame and fear are just infused in everything.

After our discussions about fear, participants seemed hopeless. Participants described feeling "up against a wall", an "unmovable mountain" – quite aware of their employment in what they perceive as a dysfunctional workplace culture.

In order to work under autocratic leadership plagued by fear, participants described the saving grace of finding allies. Finding allies was developed as a second subtheme to autocratic leadership. Participants described finding allies as their way of coping with the leadership style:

P1: Especially when you go outside the workplace and talk about your agency. You never really talk about the realities because it's not professional, because it is negative. And even in the workplace you can talk to certain people about it. Like not everyone is a safe person to talk too. So, you sort of have to be cautious who you vent to or who you complain too.

I: How do you know who is safe?

P1: Based on the length of time you've worked there. Based on...

P2: Their disclosures

P1: [laughter] Ya, their disclosures are a big one. The trust you have with that person, sometimes the relationships you have outside of the workplace.

P2: Sometimes is going through hard stuff together.

P1: Yup, absolutely. The support you give each other during the day.

P2: And sometimes you get screwed over. Sometimes someone is safe and then the pressures or the expectations placed upon them, when the heat is on them they feel the pressure too. I want to protect my colleagues and I want to protect them which seems like...

P1: unhealthy?

P2: like a weird situation to be in when you're serving people in a trauma informed environment.

Allies were colleagues and community partners determined based on length of employment, willingness to disclose, going through difficult times together, offering support and wanting to protect each other. Who is a safe ally was an evolving question in our discussion and one of these participants spent much time considering. Admittedly, I was struck by the need for these community practitioners to have to identify safety while working for people experiencing pervasive mental health difficulties.

**Non-existent reflexivity.** When I asked the participants about their understanding of reflexive practices it was simply unfamiliar to them both in their training and current practice. Reflexivity was non-existent because it was not fully understood by clinical or non-clinical staff.

This lack of understanding for its use led to its insignificance. When we explored reflexivity (after a definition was provided) the participants talked about a place to go and reflect, to ensure they were “not clouding the therapeutic alliance”, something that was built consciously and independently outside the agency. What I heard was community practitioners creating distance and reflecting on their work, independently thinking about their challenging cases. There was no agency support or dialoguing about reflexivity: how knowledge and power are created, the practitioner’s relationship to them and the subsequent consequences. These participants demonstrated critical thinking, reflection and awareness of the organizational culture but the priority was learning to operate within the agency as their own livelihood was at stake. I’m not sure they had the privilege to actively be reflexive. Participants shared with me that making space for reflexive conversations was not taken seriously:

I: How do you understand reflexive practices and where does that come from?

P2: When I hear that term, I only hear it from you it wasn’t in my training.

P1: That is not familiar to me.

P2: When I think about that term I think about where I go to reflect, to make sure I’m not clouding the therapeutic alliance with my needs. I think about being reflective. I come to my reflective practices through my own communities I establish or the people I meet. Not anything that is offered through the work. It’s something that I build consciously.

P1: I feel like that would take time and intention and I think throughout the day I have thoughts about that but it is hard to carve out the time to dedicate to that.

I: It’s a very intentional practice.

P1: I don't think it is encouraged. I don't think time is allotted or dedicated to it which is unfortunate because it affects everything that we do. Leadership does not prioritize it and we don't have the time to prioritize it. We think of it as it comes up but there is not time.

I: Is reflexivity being valued?

P2: Not as a system. Not as an agency.

P1: When someone tries to make space for this conversation it is taken as fluff. Like it doesn't matter. It's the hard work and stats that matter not the critical thinking.

I: There is no policy or part of the job that supports reflexive practices?

P1 & P2: No.

The participants also spoke about not receiving regular supervision because of the busyness of the agency. Supervision was being used as system navigation. Supervision was not taking place as scheduled or it was happening ad hoc. When we discussed supervision, they explained that when one identifies difficulty in their work it is often understood by leadership as incapacity instead of an opportunity for professional development. They did articulate immense clinical guidance and support from their well-respected clinical lead.

When I transcribed each of the small group interviews there were images and metaphors used by the participants that were highlighted during the coding of the data. One of those metaphors that really stayed with me was described by a participant from this interview. When we were discussing organizational culture, she said, "we are sticking gum in the holes of the bucket so the water doesn't fall out but the water is going to come out of the bucket because the agency leader keeps shooting holes in the bucket and I just can't cover up all of the holes". This stayed with me because it provided such a power illustration of the impossible expectations placed on these community practitioners.

When I sat down with these two community practitioners they really demonstrated strong abilities, kindness and creative solutions. They were willing participants who were experiencing adversities typical to non-profit community work. I left admiring their efforts thinking about their unglamorous, unthought-of daily regimen. Of course, this case really resonated with my own professional clinical experience. I dreamt about change for them and a community system that better served its beneficiary groups – both the registered clients and the agency employees.

### **Case Two: A Child Welfare Agency**

Child welfare is a term used to describe a set of government and private services designed to protect children and support family stability (Organization website, 2016). Canada's child welfare agencies offer child protection services by investigating allegations of abuse and neglect, supervising foster care, arranging adoptions and supporting families with children under the age of sixteen (Organization website, 2016). Child welfare laws and the government agencies that support child welfare differ for each province and territory. In Ontario, child protection legislation is called the Child and Family Services Act (1990) which is governed by the Ministry of Children and Youth Services. Child welfare agencies are called Children's Aid Societies or Family and Child Services and in Ontario are mandated under the Child and Family Services Act to protect children who have been or are at risk of being abused and/or neglected by their caregivers (Wegner-Lohin, Hyte & Trocme, 2014). A total of forty-six Children's Aid Societies exist in Ontario, seven are designated Aboriginal societies and three serve religious communities (Wegner-Lohin, et al., 2014). In Ontario, Children's Aid Societies are independent legal entities and are accountable to the communities they serve (Wegner-Lohin et al., 2014). In addition to the Child and Family Services Act, the Ontario Child Welfare Eligibility Spectrum (Ontario Association of Child and Youth Services, 2016) and Child Protection Standards (Ministry of



Children and Youth Services, 2016) guide child welfare workers at each phase of service delivery.

Under a mission to protect, support and strengthen the lives of its referred families, this child welfare agency aims to carry out its vision through accountability, collaboration and integrity. Two child protection workers agreed to participate in this research representing an urban child welfare agency. Both participants were female and Master's prepared social workers. One participant was white with seven years of child welfare experience and the other participant was black with six years of child welfare experience. Their careers in social work were exclusively within child welfare. The child protection workers interviewed in this small group interview receive referrals after reports are made through intake and the identified family requires long term monitoring or involvement. For these cases, there are two avenues of involvement: voluntary or through a court order. A court order is issued when the family does not agree with the service involvement and a court order legally compels them to work with a child welfare agency.

**Working in a standardized agency.** Understanding the culture of a child welfare agency is difficult. I spent a great deal of time with these two participants. Societies are complex systems with government influence and mandated legislation. How I understood the perceptions of these participants when they described their organizational culture was best encapsulated by efforts to make it standardized. By standardized I am referring to the agency making child welfare services uniform or similar. Participants illustrated this theme by describing the legislation that employees are expected to follow. Provincial legislation legally dictates minimum standards of practice, legal accountability and informs agency policy and practice:

Participant 3 (P3): You need to make sure you are seeing your kids with what the standard says, every 30 days, you need to see your families, you need to write down that you saw your families – that is the minimum. If you are not doing the minimum it's on you. But people get caught up in the phone calls, collateral, office meetings, legal documents that they lose sight, because it's such an overwhelming job.

In collective agreements, the number of cases child protection workers should be involved in at one time are outlined. In many instances, these child protection workers are expected to carry many more. Here we hear nuance from the participants trying to manage the standards and prioritize families because of the maximized case load. Workers are forced to pick and choose from the files most in need, where efforts will be best utilized to protect children:

P3: And here is the thing the collective agreement says our optimal caseload is 16. We have 23. 16 is proven to be the number...7 over and then you get a couple babies under 6 months you have to be there every week. You should go out every 30 days as a minimum but if you're working your files and you are a good worker you are going out every 2 weeks, every 3 weeks, sometimes every week. There are some families I got where I go out there, I have a school meeting, I take them to the doctor, and I pull in a wraparound meeting at the office. But that takes effort.

P3: You have to have great analytical skills. You have to look at your caseload and say, how am I going to get these families moving? This month which family needs me the most?

Participants described the financial responsibility of child welfare care. One large aspect of service provision is describing and identifying who in the community will take “responsibility for the child” or the provision of services for the child. There is an expectation to “push back on

the community” to identify, refer and exhaust appropriate community based services for the child. Child protection services are not intended to be long term. Part of the work in child protection is to envision how the child will be safe in their community of origin without child welfare involvement. Standardized child welfare services and other community agencies are both trying to improve the lives of referred families but there is tension pertaining to who is going to pay for the services:

P3: It becomes a funding issue. If there is a risk and the community won't fund it then we as an agency we have to take care of things. It's all about where the money is coming from to protect these kids. What we are often doing [as child protection workers] is pushing back on the community [to provide service] so then they have enough evidence to ask for more funding.

Interviewer (I): And supervisors say, “put it back on the community?”

P3: Our service [child welfare] is not meant to be long term. Child protection isn't meant to be involved for years. Part of the uniform mandate is “how do you see the child is safe in its own community.” And have their community wrap around them rather than us being so intrusive because it impacts the family story. As soon as you go into a home you have forever changed their family story. We can be so intrusive; we can remove children. We interview children on a weekly basis and that changes their whole story as they grow up.

Working in a standardized agency is also being achieved through fear and was developed as a subtheme. Participants described fear a) as a tactic to achieve a uniform culture; and b) a response to the chain of command and disciplinary action:

P3: We're a fear-based agency right now. In philosophy child protection should be much more cohesive. Our agency should be supportive and cohesive.

I: How would I know that [understand the fear] if I were to go there [to the agency]?

P3: You can feel the tension. You will feel the tension the minute you get off the elevator. It is fear based. If you mess up, you are personally going down.

I: What does "mess up" mean?

P3: A child is in harm's way, or we get audited and your file gets us in trouble with the Ministry then you are going down. We have a thing in the office called "being driven over by the bus". The supervisor who drives over you with the bus and then reverses to ensure you're dead.

This child welfare service is described as "fear-driven". Not only at the frontline level, but at the supervisory level. Supervisors push the standards because they have fears about liability, of a child dying because of inadequate interventions, and it trickles down through the layers of the organizational hierarchy and lands on the child protection workers, who then act based on fear for their clients and for themselves.

A second subtheme that emerged as a response to a fear driven standardized agency was mutual support. Mutual support was demonstrated throughout the interview. These child protection workers understood the standards but also understood the complex issues referred families are struggling to manage:

Participant 4 (P4): Child protection can also just be support. There are some people who are involved with us going through a hard thing any of us could go through with their teenager, or their young child who has behavioral issues at school and doesn't know what to do and doesn't have family or community so we come in and help them.

P3: Some parents don't present well and some agencies perceive them negatively and call [child welfare] so we become their allies, you become their person who chairs the meetings, encouraging them, helping other agencies see the family differently, not to judge them. Unfortunately, a large part of our population is below the poverty line. So, there is a perception out there about people like that.

Mutual support was also articulated when participants described allies. For these participant's allies had two meanings a) being an ally for a client; and b) finding colleague allies for survival and much needed reflection:

P3: It's about this, let me ride her until she breaks and then I will ride the next one until they break.

P4: At the end of the day the feeling is you are replaceable.

P3: You're a number in a seat. Whatever your 5-digit number is that is who you are. And if you fall someone else gets your 5-digit number. You're an employee number and that's all you are [exhales]. They don't care. So, it's very stressful.

P4: That's why it is very important to have an

P3: Ally.

P4: Very.

P3: You end up getting partners and she's my partner [referring to P4]. You'll see other people in the agency link up, work together. Were a partnership, we work together, we cover each other off, we go out with each other, right. Then you get another two and the four of you become allies.

I: You form that yourself?

P3 & P4: Yes.

P4: If you have the ...

P3: If you're smart.

**Transient leadership.** While discussing the minimum standards of service, participants quickly referred to their supervisors. What was being described by participants and what I have labeled transient leadership is a complete lack of support because of constantly changing supervisors. Their supervisors were often impermanent, only lasting for a short time. Imagine a standardized service model and constantly changing supervisors. This was first discussed through the inconsistency of supervisors moving from department to department:

I: What I have heard from you is that leadership matters. The way a supervisor operates influences the culture. Am I getting that right?

P3: The supervisor makes or breaks you. People will jump sectors just to get away from rotating supervisors. Depends on your personality. There are some supervisors who mesh well with different workers. You have to find your fit so sometimes you're jumping. You need to be a chameleon.

This inconsistency is compounded by changing standards and individual supervisors picking and choosing what standards they prioritize:

P4: There are standards you have to follow.

P3: There are standards we have to follow from the ministry and the government. There is the legislation, the law...

P4: Which is the CFSA – Child and Family Services Act.

P3: Which gives us the standards. From the standards, each agency derives policy. So, every agency policy is different.

I: And that is regional?

P4: Yes. An example of that. At our agency, a child under 6 months we visit them every 2 weeks.

P3: Every week now.

P4: Oh. Every week now.

I: How often does policy get revised?

P3: All the time. All the time.

I: Is that helpful?

P3 & P4: No [in unison]

I: Tell me why...

P3: Because it confuses everybody.

P4: Some supervisors follow it some supervisors don't follow it because some might not know that is has changed or think that it is of importance...

P3: Depends on the perspective of the supervisor as to how your team is going to flow.

What they think is the most crucial thing; every supervisor has their own hard on for something.

These conversations revealed supervision practices were also negatively impacted by transient leadership. Participants explained that there is a standardized expectation that child protection workers meet with their supervisor every six weeks or as a new risk in their respective portfolio develops. In the event that new changes to risk do not arise supervision is not happening every six weeks, due to emergencies, scheduling conflicts, or the heavy demands of the job. The standard says, supervision is the child protection worker's responsibility. Participants described administrative supervision as necessary according to the minimum

expectations of their job and by the Ministry of Children and Youth Services but they specifically described clinical supervision as non-existent.

These participants also described a lack of compassion from the revolving door of supervisors:

P4: This is what it is: your supervisor sees you struggling and there is no, “how are you doing?” “How can we fix this?” There is no compassion. I see [name of worker] freaking out and I see she can’t take it anymore, she just had a horrible phone call, slammed down the phone and is now trying to figure things out – and there is no “how can I help you?”

P3: It’s “she is losing it, let’s keep our eyes on her.”

P4: That and “don’t forget to call back whoever”, “don’t forget to do this” – never a “how you doing?” “What can we do to make sure this is going better for you?” “What can we do to make sure your files are being managed well?”

P3: The other night I had to help somebody apprehend. The supervisor came to me and said, “she’s freaking out, she’s refusing to actually get up and go” “I need you to go and keep eyes on her and make sure everything is ok.”

P4: There is no compassion. When you’re in supervision they will say, “how are you doing?” but that is just a question on their check list. It’s not a: “How are you doing? How can we figure it out?”

Participants used practices related to new hires as an example to strongly illustrate the negative impact of transient leadership. They described inadequate new hire integration (orientation and training) into the agency. New hires are often required to fend for themselves because of inconsistent supervision. Participants dreamed of mentoring programs or a need for “come with and see how you should be doing this”:



P3: When we got hired we got shoved on a team and it was the supervisors job and we were blessed we had a great supervisor and she took it upon herself to teach us everything and link us with old workers. She had been there for years and she would pull her friends in, you're going to shadow this person...she orchestrated it. Not every supervisor is like that. We've seen other supervisors who get a new hire who is just flying in the wind, no guidance.

**Non-existent reflexivity.** When we explored reflexivity both participants were vaguely familiar with this term. After a definition was provided, they agreed reflexive practices should be a part of doing their job properly. Reflexivity is not supported in supervision, or part of the mandated standards informing practice. Instead they described informal collegial relationships where they felt comfortable to reflect on their work. Both of these participants were certain that strong relationships would lead to eventual change for their clients and better outcomes for job retention. Much like the use of mutual support described above as a response to transient leadership, they explained that the relationship with their clients and each other was a means of survival in the agency. In this segment, they speak directly about using alliances to have reflective conversations:

I: Is reflexivity a requirement of your role?

P3: If you're doing your job properly. If we had the time the way supervision should you would have that clinical piece.

P4: I think that only happens because I've created alliances with people and were able to have the conversations that we do... "I'm dealing with this file right now I kind of feel this way about it tell me how me how you feel about it."

P3: Or I'll say, "can you come with me?" You do the visit and I'll sit. Tell me the vibe you are getting because I don't know if I'm being biased. I think that when I go out on my visits I am notorious for doing: "This is what I'm taking away from my conversation what are you taking away?" I write it down in my notes so that when it becomes legal and ethical so when I walk away they understood...

P3: It's learning what it's going to take to build that relationship that will affect real change and eventually leave that person's life in a better position than you found them.

Sitting down with these two child protection workers was such a humbling experience. They were so candid and brash with remarkable work ethic and integrity. While facilitating this small group interview I was overwhelmed by their commitment to quality care. I wish I had found a way to tell these self-described "chameleons" that after speaking with them I believed quality child welfare care was possible.

### **Case Three: A Public School Board**

This school board is guided by innovative ideas and an operational vision characterized by culture, learning and partnership (Organization website, 2016). As with most school boards there is an extensive executive council occupied by twelve individuals and eight governing departments (Organization website, 2016). School boards also have elected officials responsible to serve its voting representatives and the school community. These officials are the link between communities and the school board, ensuring the diverse needs of its students are met (Organization website, 2016). This school board acknowledges the relationship between mental well-being and education through a mental health strategy, designed to build internal capacity and coordinate approaches for supporting students (Organization website, 2016). This initiative has led this board to be an example of leadership in student wellbeing.

In Canada, education falls entirely under provincial jurisdiction. There is no federal department involved in the formation or analysis of policy regarding education. Publicly funded elementary and secondary schools are administered by the Ontario Ministry of Education which institutes the Education Act (1990) stipulating the learning experiences for children up to the age of eighteen (Organization website, 2016). For social workers, the most crucial part of the Education Act is what pertains to attendance. If a child has missed more than fifteen days of school, then a social worker can automatically become involved without formal consent. It is anecdotally evident that students with low attendance rates are often experiencing cumulative social and environmental factors such as mental health and poverty. These students are thought to be best served by the intervention of a social worker.

The focus of this case was on the social work department. School social workers are assigned to elementary and secondary schools in the Board. Two school social workers agreed to participate in this research representing an Ontario public school board. These two registered, Master's prepared social workers were white, female, and each had nine years of clinical experience in the field but not exclusively in school based social work. At this Board, social work services include access to psychiatric consultations and alternative learning streams. The social worker role is to assist students who are experiencing social, emotional, attendance and/or behavioral difficulties that are affecting their learning (Organization website, 2016). Assisting these students consists of individual counselling, referrals to internal and community based group programming, establishing learning supports, conducting family meetings, and connecting the student to their community. This department strives to support educational environments that empower students to reach their full potential (Organization website, 2016).

**Organizational transition.** This theme refers to how the social work department is currently operating. The department seems to be undergoing a transition, functioning between a) maintaining a dated state of service provision; and b) under new leadership and on the cusp of changing priorities and practices. The codes identified in this theme refer to the social work departments dated service provision maintained by a) vague mission objectives; b) legislated requirements; and c) supervision practices. The other themes developed in this case acknowledge the new leadership and changing practices.

When participants were interviewed about the school board mission and values it became apparent that the social work department was disconnected from the larger school board orientation, depicted through unfamiliarity with the organization mission. Participants also described the relevance of department's mission statement as "really outdated":

Interviewer (I): What is the mission of your organization and how might I see that exemplified day in day out?

Participant 5 (P5)<sup>3</sup>: So, the mission [this response refers to the larger organization]. There was a big staff meeting last June to go over the mission statement. We are in the process to take a closer look at that. I couldn't tell you the mission statement right now. That was a real focus last year. We have a similar focus this year.

[P6 quotations removed]

P5: Last year we [the social work department] looked at the mission statement [within the department]. We had a really broad one that we came to supporting families to the best of our abilities, something like that. Narrowed in we focused on school based, mental health

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<sup>3</sup> Note that only one participant from this small group interview agreed to share quotations from their contributions. Participant 6 refused to share quotations as part of her comfort with maintaining anonymity. In an effort to capture Participant 6, her contributions will be paraphrased after each segment of transcribed data.

was highlighted, families generally. We weren't just talking about children or schools we were talking about families. I think our mission statement tightened up on that. I don't think it has been updated institutionally yet. It is something we put a lot of time into and the gears are still working.

[end of segment]

Participant 6 discussed confusion with the organization mission attributed to broadness. She described recent efforts to define social work practice at the Board and to have this communicated to all departments.

Because of the disconnection from the larger organization mission and broadness in the department's mission statement, defining service provision was intended to inform the Board of the social work department's intended aim. Despite a focused mission to support their school community, practice thus far has generally remained the same. These social workers generally use a continuum of interventions to achieve desired solutions with students. This kind of general social work practice is informed and encouraged by legislation.

When we discussed supervision, I learned that supervision was the social worker's responsibility. Social work staff are assigned to learning teams with a peer supervision model and encouraged to discuss cases. Only when you identify you need supervision are you expected to meet with the department manager. Participants stated that this is the way it has always been. In a legislated, registered, unionized role clinical supervision is not required.

I: What are the administrative and or clinical supervision policies? Is supervision provided to you? Scheduled consistently? Regularly? If it is not, what are you expected to do given the work we do?

[P6 quotations removed]

P5: Do we have a policy written? I've never seen anything written. We don't have scheduled meetings. If I didn't want to see the manager I wouldn't need to.

I: Tell me why you don't have regular supervision as social workers?

[P6 quotations removed]

P5: I seek my own peer supervision. In terms of formal, organized supervision is mutual [between the social work staff and the manager].

[end of segment]

Participant 6 discussed her experience with the professional learning teams as a place to bring practice queries and case examples. She reiterated that she only seeks management support for supervision as needed. Participant 6 also related individually seeking supervision as part of her understanding of being a registered professional.

**Innovative leadership.** Almost immediately I was figuratively introduced to the manager of this social work department. The participants described their manager as creative and innovative because of the introduction of new ideas and new ways of doing things. This manager is a social worker leading generatively, promoting a collaborative approach. Participants described a long-term vision for the department under the guidance of their new manager:

P5: I think our manager is a bit of a mastermind behind this because he is trying to build a team not that is self-sufficient because that shouldn't exist in social work but...is independent. I think that we seek him out.

This theme was quite obviously supported by a subtheme of change. The social work department, was facing many new changes under new management and as a result was experiencing a clash of the old and the new. Change emerged as something that was beginning to

happen in this department because of this new leader and a new aspect of their organizational culture:

I: The best thing about culture is its discourses can change.

P5: And we are in the process of that...

[P6 quotations removed]

P5: I should also say I have had conversations with staff that have been there a long time who are terrified by the whole shift and feel targeted – the work they have put in and the culture they have created is being dismantled. So, it's a really scary process. It's not all good or bad and we are certainly in flux and it's terrifying and exciting.

P5: Working at the Board, in terms of rate of pay, benefits, job security is great. Once people get into the Board they are not leaving, not typically. So, there was 10 years where no one was hired that they figured it all out for themselves. When you start bringing people in...and that happens because we have had great leadership in social work who have done a good job at saying you have a role at the table and we are growing.

I: Which informs culture?

P5: Absolutely.

[end of segment]

Participant 6 added to the tension Participant 5 discussed, explaining a historic lack of trust between social work staff members. She also discussed how their current leader is bringing about change by encouraging staff to bring new ideas to the department team meetings.

Innovative leadership was centralizing social work at this school board and bringing about change that for some new staff was exciting and purposeful while for others scary and unfamiliar. This innovative leader is the catalyst to the changes occurring. Because of these

changes there is some division among the social work staff that influences workplace integration. There are small groups of staff with lengthy terms of employment, who spend time with each other and do not readily let other staff join them. Some staff, make efforts to create allies, colleagues who support each other in a divided culture. It seems that the cliques are being formed by staff who have been employed for long periods, and are not accustomed to the changes. The new staff hired are seeking allies because they are experiencing difficulty in their integration into an historically dated system and social hierarchy.

**Collective impact.** The last theme that emerged in this small group interview is what I have titled a collective impact framework. A collective impact is defined as a group of social workers trying to support each other in challenging work while appreciating each person's contributions to the whole. While we were discussing reflexive practice, participants began to describe a group commitment to a common agenda. They mostly constituted reflexivity in relation to the organization. When I questioned participants about reflexivity they began to explain a group stance understanding how each individual's actions contribute to the construction of the department:

I: How do you know if your reflexivity is appropriate?

P5: I think we are currently in a space where we are holding each other to the fire, it is uncomfortable – there is a peer accountability that is happening that is not historically at the Board. That's interesting. In my non-profit work that was never part of the role.

[P6 words removed]

P5: ...we are independent and part of a group. I think that we seek him [referring to manager] out.



P5: Part of the characteristic of a social worker at the Board is that comfort level of seeking support when you need it. Seeking peer support, direct supervision...I think there is a real willingness on the team's behalf to really make an effort to want to hear how people are doing their work and want to develop as social workers and it's not always what fits me best but we know things are broken when there is no conflict. And that happens on occasion but we know things are going really well when there is discussion and at the last staff meeting there was. A majority of the staff that are really interested in it. That makes me more committed to reflexive practice because I know the rest of the team is.

[end of segment]

Participant 6 discussed intentional hiring practices related to professional diversity and reflexive abilities. She also described a new comradery which she believes had been orchestrated by their manager.

For the participants in case three, reflexivity was referred to as an “academic term”. These participants clearly articulated upholding a critical view of their practice and what they discussed seemed to best describe critical reflection. Within this line of questioning, participants also talked about non-social work colleagues that were not practicing from a critical perspective and in their role as social workers gently challenge these colleagues. These participants connected our conversation on reflexivity to educating non-social work colleagues on their assumptions about students who are struggling with attendance and their families.

Sitting with the school social workers was refreshing. They were relaxed with innovative ideas and practices. I admired their individualized approach to practice. I also recognized that in addition to monitoring student attendance and success, they were trying to bring social work narratives about critical practice to their school administrations.

### **Case Study Comparison**

Above is a description of each individual case. I will now examine a cross-case comparison. Qualitatively comparing the content of each case will highlight the different codes and themes across the cases and identify those which are similar and different. This section details the overall thematic findings and offers a holistic view of how these participants perceived reflexive practices and organizational culture.

#### **Code and Theme Similarities: Allies and Leadership**

**Allies.** In each case participants discussed allies, mutual alliances or supportive relationships between colleagues. In case one, allies were colleagues that supported each other within the agency. Participants described their criteria for allies as people who they formed bonds with and who could support one another. For the participants in case one, they clearly articulated the strain of having to form allies in a job where they, themselves, needed to be safe people for their clients. Case two participants developed two meanings for allies: being an ally for a client and finding colleague allies for survival in child protection work. These participants explained that their clients are often perceived negatively by non-agency members and felt it was an important part of their role to be an ally for their clients. Similar to case one, the participants from case two also spoke about mutual support among colleagues as a very important part of surviving the job. The participants from case three described allies as: colleagues who supported one another in a culture currently undergoing developmental change, and as a team effort to hear how people are doing in their work. Finding a person with a shared work ethic that could be relied on was a similarity in all three cases. It seems that forming allies is a necessary aspect of social work practice that allows for greater professional longevity and the survival of difficult agency circumstances.

**Leadership.** Another similar finding for each case was leadership. Each case directly related leadership to organizational culture. In case one participants called their director “reactive”, in case two, supervisors “make or break you”, and in case three their manager was a “mastermind” who “fosters independence”. Although the leadership style described in each case was different, the evident intersection between organizational culture and leadership is a similarity that cannot be ignored. I am not so preoccupied with the style of the leadership but by the fact that although never directly questioned about leadership, participants placed a great emphasis on it. In all cases, we saw that leaders have power. In case one there was a misuse of power through authoritarian means. In case three an innovative leader had the power to bring about change. For each case, leadership also had a great influence on the agency operations including the participant’s ability to practice reflexively. Leadership and its intersection with organizational culture is also further detailed in the discussion.

### **Code and Theme Differences**

In cases one and three social work was described as a general practice, where practitioners were expected to know a little about everything while having permission to incorporate their own style. In case two social workers did not overly identify with social work practice but valued risk assessment as central in their practice. Cases two and three shared a practice that was legislated, regulated and unionized, unlike the non-profit community agency. Supervision practices varied largely. In case one, supervision had become system navigation; in case two, supervision was standardized and to occur every six weeks or as a new risk developed; and for case three, supervision was the worker’s responsibility to seek out as needed.

In cases two and three change was prevalent. In both cases change was something that contributed to fear. In case two there were constantly changing practices and policy. The

constantly shifting leaders meant there were also changes in the understanding and delivery of policy. The transient leadership created confusion in role responsibilities and inconsistency in services. While in case three departmental changes were being fueled by an innovative leader and supported by young staff members. Although the participants from this case were not experiencing the fear brought about by the departmental changes, they described colleagues who had been employed at the Board a long time and who were experiencing this fear.

**Fear.** In case one and two the concept of fear emerged as related to the agency operations and as a response to disciplinary measures. It is worth noting that these two cases had managers with ineffective leadership styles and similarly participants described unrealistic expectations placed on the employees in the agency. Participants from case two also talked about personal safety in their discussions about the absence of reflexive practices. Risk assessment is central in their work and yet the participants described instances of feeling unsafe, while assessing risk. In case three some social work staff were experiencing the fear of change. Table 2. shows selected segments from the transcripts detailing instances when fear emerged. Fear and risk will be developed and explored further in the discussion.

**Table 2.** Case descriptions of fear.

	<b>COMMUNITY MENTAL HEALTH AGENCY</b>	<b>CHILD WELFARE AGENCY</b>	<b>PUBLIC SCHOOL BOARD</b>
<b>FEAR IN CULTURE CONSTRUCTION</b>	Fear governs every aspect of how it [the culture] is set up. For example, if you are late for a staff meeting than you have to sit in the middle – that is just a small example but the shame and fear are just infused in everything.	You can feel the tension. You will feel the tension the minute you get off the elevator. It [culture] is fear based. If you mess up, you are personally going down.	I should also say I have had conversations with staff that have been there a long time who are terrified by the whole shift and feel targeted – the work they have put in and the culture they have created is being dismantled. So, it's a really scary process. It's not all good or bad and we are certainly in flux and it can be terrifying and exciting.
	And this is your livelihood. This is your mortgage or your groceries. Even though you do this work because you love it and it is important to you and it's important it gets done and done well, this is also your survival. You're feeding your family on this money. It's heavy when that reference or that job is about to get lost. It's really hard to continue to do the job when you're constantly thinking about that.		
	I already feel like I'm drowning...I feel like I would be fired if I didn't do that stuff, it's just impossible to keep up. I think we each find our own ways to do work	Our job is not about what are you allowed to do. Our job is what do you have to do to keep that kid safe. Our risk is when are we not doing enough. Our scope is flipped. We are more	

	outside our designated time.	worried about not doing enough and something happening. I don't think about it [scope] the way you were saying it. I would be far more fearful that my plan was not comprehensive enough and something may happen.	
	The message I've heard from leadership is "this youth could have died because of the mistake you made" What that does to a new worker is traumatizing. I've heard "this youth could have died and that would have been on you" that was a statement I head made from a leader to a worker. It made me sick.	I've been there when a big, burly, beautiful cop knocks on the door and shoves me in there [the apartment] with identified families at risk, with knives – thank you so much for that you are just going to stand there? As if I am the one with the badge.	

**Reflexivity.** Each participant talked about the concept of reflexivity differently. In case one the participants were totally unfamiliar with the term. For these participants, reflexivity was not fully understood (a partial understanding was developed through sharing the definition) nor was it perceived to be an agency priority. When we discussed reflexivity, participants from case one used “critical thinking” and “processing” to describe reflective efforts. In case two reflexivity was still unfamiliar. Participants shared that the agency policy and practices were founded on principles of risk assessment. In this case reflexivity was arguably non-existent. Reflexivity was not a part of their required work or embedded in supervision. Reflective conversations were only happening within alliances and used as a way to “check in” with one another and evaluate meeting the expected standards. In case three, both social work participants

thought of reflexivity as “academic” jargon. These participants demonstrated the best understanding of the theoretical term but it did not seem to be a required practice. They described a collective effort of “accountability”. The practitioners interviewed mostly described principles of reflective praxis. An exploration of the central research question is detailed further in the discussion.

## **Chapter Five: Discussion**

The primary purpose of this research was to explore reflexivity in organizations. I posed one central question when researching these phenomena,

How is reflexive practice shaped by organizational culture?

This qualitative study employed a constructivist and social construction philosophical stance using a case study methodology to gather the data, and thematic analysis to interpret the data. The findings from six participants representing three different agencies gave great insight into the question put forth, and revealed some interesting findings that will be elaborated on in this chapter. Limitations and implications for future practice will also be discussed.

### **Reflexivity in Organizations**

For the participants and the agencies they represented, reflexivity was not articulated as a central aspect of the clinical social work practice. I learned that most of these participants are unversed in reflexivity, were able to understand its basic principles (the definition was provided) but do not or are unable to prioritize it in their work. Rather, these practitioners are practicing reflection (Kondrat, 1999). Participants from case one, the non-profit community agency, often found time outside of work to engage in activities that assisted in their ability to make sense of the difficult content from their work and to try to learn from their professional experiences. There were also elements of critical reflection when the participants talked about forming allies and bringing their personal reflections to trusted colleagues to discuss challenging circumstances that could possibly create new meaning (Fook, 2012). The clearest example of this was between Participant 3 and Participant 4 from case two, the child welfare agency – assisting each other to apprehend, asking to collaborate on home visits to ensure biases were not interfering with their need to assess risk. In case three, the public school board, critical reflection was seen as a



collective act of ongoing learning and holding each other accountable. What was missing from the participant's descriptions was that reflexivity is a "multilayered investigation" (Mandell, 2008, p. 237). I did not hear participants talk about origins of knowledge and perceptions of power. There were no discussions about critiquing their roles as social workers in relation to knowledge creation and power structures (D'Cruz et al., 2007). Participants also described a need to adapt to survive the current landscape of clinical social work practice in Ontario, and reflexivity was not fundamental for these participants to maintain their employed positions. Nor did agencies integrate reflexive practice into supervision policies or clinical expectations. Participants from case one and two also assumed that if reflexivity was mostly unknown to them it was likely unfamiliar to the agency decision makers and operations. I learned that all the participants are either reflecting or using critical reflection. In most cases this was happening individually, outside the agency and between colleagues rather than in formal supervision.

This research revealed little organizational support of reflexivity. In a recent conference proceeding in Manchester, England a group of colleagues from Germany presented on reflexivity and organizations (Moldaschl, Bressler, Hallensleben, & Wörten, 2013). Reflexivity was identified in project management, strategic conversations, knowledge transfer and community mindfulness (Moldaschl, et al., 2013). The presenters encouraged movement from individual reflexive practice to organizational reflexivity. Their research aims to prove that organizational reflexivity can elicit innovative change by conceptualizing organizational qualities of knowledge, power and culture (Moldaschl, et al., 2013). Moldaschl (2013) and his colleagues believe from an institutional perspective, reflexive practice is becoming a technique of organizational modernism.

Espoused theory and theory in use, moral distress, power, and social location were

elements that only emerged briefly. These concepts were first introduced in the literature review linked to reflexive practice. Although the participants in this research were not utilizing reflexive practices, these elements are worth discussing for future implications.

**Espoused theory and theory in use.** I was able to observe what participants espoused, particularly from the child welfare agency during the discussions on legislated practice. What I heard from these participants was that service provision was governed by standards. None of the participants spoke explicitly about their theory in use but I did sense some tension between what they believed guided their behaviors and the values that were driving their actions. The differences between how we would like to act and how we actually act is revealed through a very thoughtful process. I am not sure the tension I observed was thought through or conscious for the participants. Still, I wonder if reflexivity could play a role here. If reflexive practices were truly being utilized would practitioner's theories in use emerge? Could reflexive practice be that thoughtful process? Would that change practice? As a practitioner, if I used reflexivity to gain a greater awareness of my espoused theory and theory in use and there was tension between the two I would want to relieve that existing tension. I would want what I believed was guiding my behaviors to actually be driving my actions. With that, my practice would become more authentic maybe even more gratifying.

**Moral distress.** Moral distress was seen and heard most loudly from the participants of the non-profit community agency and the child welfare agency. I observed ethical tension between what these participants believed was professionally right (i.e. "protecting" clients from the "shame" and "providing dignified services" to families) and how services were actually being implemented. Can reflexivity play a role in this disjuncture? For both these cases reflexivity was unfamiliar and unsupported by the agency. Gorli (2015) and her colleagues in

Italy and the United Kingdom discuss reflexivity as a tool for developing organizational authorship. Organizational authorship (Gorli, Nicolini, & Scaratti, 2015) refers to members “constructively contributing” (p. 1347) to the goals of the organization. In their publication, reflexivity is used as a tool to enhance employees’ capacity to contribute meaningfully to organizational realities (Gorli et al., 2015). They identify a number of ways this can be achieved. One example they identify is called relating, which refers to “establishing dialogue and negotiating meaning and mutual differences with others” (Gorli, et al., 2015, p. 1369). Relating can create a cooperative approach to operational processes and diminish attitudes of closure (Gorli, et al., 2015). Another example identified is reflexively questioning. Reflexively questioning can lead to more flexible views on organizational processes as it can expose the prevalence of systemic stereotypes or defensive positions (Gorli, et al., 2015). I wonder if reflexivity for the participants from case one and case two could be used as something to facilitate productive dialogues, encouraging employees to see themselves as agents of the organization and players in the constitution of the agency (Gorli et al., 2015).

**Power.** Participants discussed useful, operational and oppressive (D’Cruz, et al., 2007) power throughout the small group interviews. All the participants mentioned the constructive power (D’Cruz, et al., 2007) of being in a clinical role: Participants 1 and 2 from the non-profit community agency, did this in their effort to protect the youth from harmful discourses; Participants 3 and 4 from the child welfare agency, spoke to this in their aspirations to provide dignified services to families at risk; and Participants 5 and 6 from the public school board, spoke about establishing alliances focused on accountability.

Power was also being used by leaders to construct culture. Oppressive institutional power was clearly described by the participants from the non-profit community agency. Participants

from the child welfare agency related power to the chain of command and the dissemination of service standards. A participant from this interview who is a member of a minoritized group explained that supervisors isolate her visible social location identifiers (e.g. colour of skin), assume things about her related to these identifiers (e.g. socio-economic class) and match her with referred families who they believe share these assumed locations. Participant 3 and 4 discussed this misuse of power as an unspoken ethical dilemma. This is a dilemma because superficial assumptions are being made about child protection workers and referred families and these assumptions might be incorrect and harmful.

**Social location and social position.** Social location was referred to briefly by Participant 6 from the public school board in her response to *how do you understand reflexive practice?* She described having conversations with staff administration about their oppressive perceptions of different cultures and poverty. Participants from the child welfare agency candidly talked about social location discussing what supervisors are doing as described above in the section on power.

As social workers, our social position often serves as a lens for how we see, understand and approach this work. I wonder about the absence of ethics when social workers either stop, cannot or do not center their social position in practice. Stanley Witkin (2000) addresses ethical issues relevant to the social work profession, and he explains that mainstream ethical beliefs tend to favor the socially advantaged and preserve the existing dominant social order (Witkin, 2000). In this case, by participants not acknowledging their social position the dominant ethical prescriptions are far more likely to remain superior and for some this can be threatening or silencing (Witkin, 2000). It is interesting to note that the one participant of colour was the only participant to talk overtly about her social location. Were the white participants, who are in a socially advantaged racial location, unable to see how their location influenced their work?

When we come from privileged positions we do not necessarily identify how our perspective influences our view and shapes our understanding of situations (including risk and harm), because of the position's social dominance we see it as the way it is.

On the other hand, I also wondered about the absence of social position and whether this was connected to organizational culture. As we know, for these participants, there was also an absence of self-reflexivity. Are we practicing ethically when we are not practicing reflexively? In case one and two this was strongly related to the organizational culture: agency operations, policy, and leadership did not support reflexivity – it was not a required part of the clinical role. From an agency perspective, we learned about cultures that hire social workers as professional technicians mandated to achieve formalized outcomes to the exclusion of the integration of the self and reflexive practices.

### **Organizational Culture and Leadership**

Organizational culture was seen through: a) the values and agency structure; b) the individual and group experiences of the participants; c) and leadership style. Participants articulated how different leadership creates different cultures. In each case, the actions of the leader supported the operations of the agency and through this, organizational culture emerged. Each leader managed each agency differently. This left participants to function out of fear and survival like the participants from the non-profit community agency and child welfare agency or work efficiently and create stable systems like the participants from the public school board. Within each case we met leaders who intentionally set out to teach employees certain ways of practicing and functioning within the agency. In case one, shame and control were just a few ways their leader embedded and transmitted the desired culture. In case three we were introduced to a leader who was trying to bring in new ways of governing and operating social work services

while encouraging a collective approach. This intersection of organizational culture and leadership is marked by the mechanisms that leaders choose to use to teach organizations how to operate and behave based on their own (conscious or unconscious) ideas and positions (Schein, 2010). A mechanism refers to something that a leader uses to implement culture creation, the “ability to capture the subordinates’ attention and to communicate major assumptions and values” (Schein, 2010, p. 235). Examples include, what leaders pay attention to, how leaders react to crisis, allocate resources, recruit staff and integrate new hires, etc. The participants explained a number of these mechanisms in each case. We learned about how leaders expect staff to be present for all agency crises in case one, how leaders recruited and selected staff to work with particular clients based on assumed identifiers in case two, and the encouragement of new ideas in case three. Cases one and two had conflicted cultures because the leadership, design, and structure were inconsistent. In case three we learned of a leader trying to create new opportunities in their culture and the design and structure of the department. In these findings leaders embedded mechanisms that they held important, which created the conditions for organizational formation and culture.

### **Risk and Fear**

Risk was explored briefly in the literature review in my thinking about organizational culture in relation to current social work practice. The focus in the literature review was on how social work practice has become preoccupied with risk. The participants from the child welfare agency spoke the most about risk informing service. These findings further revealed some participants that were fearful. Sonya Stanford (2010) has conducted research that explores how “the politics of fear has re-oriented social work practice towards managing and securing against risk as opposed to genuine attempts to respond meaningfully to need” (2010, p. 1065).

Participants were honest about their fears of disciplinary measures, publically revealing the truth about unethical agency operations, ruined references, their own livelihood and job termination. For cases one and two, fear was predominant in the organizational cultures. This fear was often having a rather profound negative impact on the ability to do the job. The participants from the child welfare agency described their perception of working within a fear-based environment. For them the fear was coming from the policies derived from child welfare legislation, “our job is not about what you are allowed to but what you have to do to keep that kid safe”. Sanford (2011) refers to this fear as generated by a risk-based approach to agency practice and the public and organizational discourses that support it. Stanford in her most recent publications (2011) introduces us to constructing moral responses to fear. Social workers who are able to a) advocate for and protect their clients; b) maintain a focus on the clients as opposed to the fear; c) actually contemplate the real degree of risk – believed they could be a part of change for their clients (2010). We see a version of this response from the participants from the child welfare agency who took risks (e.g. prioritizing cases, advocating for clients) while being fearful. Stanford’s review of the literature on risk identities in social work reiterates what we saw from the participants from the non-profit community agency, understandably emphasizing the degree of risk and limiting the possibility of positive outcomes for their clients and themselves. How can we incorporate an understanding about the realities of fear in social work practice? How can we learn how to function within it? Or how can we claim power without being a radical in difficult organizational cultures? For me, this also reiterates the importance of professional supervision – which we saw very little of – as a place to regulate the difficult work we do and discuss professional values. I will be following Stanford’s work closely.

## **Limitations**

A limitation of this research is the diversity of these findings. There were a small number of participants and agencies represented. This limits the diversity of the findings, meaning we should be careful and thoughtful about how we utilize them. This research would benefit from a broader, more diverse sample, perhaps incorporating more marginalized agencies (agency's that are less mainstream and/or specifically serve marginalized populations) and a larger, more diverse participant group. A second limitation, was the time constraints available to investigate the research problem. Capturing conversations about reflexivity and organizational culture in a one-time interview was difficult. Future research might also consider multiple interviews over a greater period of time. The phenomena of interest could therefore be further developed. However, these constraints were instituted by the University and degree requirements.

## **Implications for Future Research and Practice**

The most startling finding was that reflexivity was not a central aspect of practice for these participants. The question that emerged for me throughout the small group interview discussions was: *how critical is reflexivity in modern social work practice?* The participants talked about un-mandated and limited supervision opportunities, and the need to do more with less – reflexive practice is nonexistent and reflective efforts take a back seat. Participants described generalized social work practice and agency's that placed value on mandated outcomes. The concern is if this direction continues, where does reflexivity fit? Is reflexivity an imperative part of practice? Fook (2007) argues, "that the essentially subjective processes of critical reflection are antithetical to the more technocratized systems of managerialism...I would argue that the move towards reflective practice can be seen as part of the same imperative – to make professional practice more accountable through ongoing scrutiny of the principles upon



which it is based” (p. 440). Fook’s (2007) quote addresses that reflective practices are essential but I would like to see this argument applied to reflexive practices. Future research could focus on the centrality of reflexivity, how it takes form or can be enacted given the realities of present day clinical social work practice. Research can also look at specific aspects of reflexivity as explored in this research. Specifically, moral distress and its importance in conceptualizing reflexivity, power, and a critical examination of social discourses.

In this research, reflexivity is explored in relation to clinical social work practice. In neuro-organizational culture literature reflexivity is understood as a building block to detect organizational dysfunction and to change it (Reisyan, 2016b). Reflexivity in practice is being regarded as the basis for contributing opinions to a quality and dynamic culture (Nashman, 2015). This literature emphasizes how communities think, reflect and make decisions where reflexivity is being used as a catalyst in this process. Future research could examine these very contemporary ideas about reflexivity helping to develop a neuro-organizational culture in social work.

The last area for future research is regarding social work and leadership. This research drew some unexpected attention to leadership. We witnessed examples of hierarchical models of leadership where progress was evaluated according to the quantity of work, often influenced by funding constraints but determined by the leader(s). In these cases, these models did not enable reflexivity or the involvement of employees in any organizational authorship. Danny Nashman is the founder of The Potential Group offering consulting services on organizational change and development. In these publications (2015), Nashman discusses leadership not as a central point of control but about the continual engagement of staff members. What this author calls “change leadership” (Creede, 2015), engaging groups in co-creating culture with a belief that reflection

from members enables learning and adaptation in organizations. I learned of a social work leader from a public school board who despite some reservations was instituting a collective framework in social work services. Further exploration of existing research and future research might examine social work leadership, leadership styles and their influence on organizational culture, department development and reflexivity.

### **Conclusion**

This research explored how reflexive practice is related to organizational culture but it varies depending on the agency. This research delineates the different conditions and practices in agencies employing social workers and the subordinate role of reflexivity in social work practice in these agencies. The findings also revealed intersections between organizational culture and leadership, and social work practice and fear. Moving forward I would like to learn more about reflexivity as a tool in contemporary neuro-organizational culture and leadership in social work.

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## **Appendix A**

### **THESIS TIMELINE**

#### September – December 2015

- Expressed interest in MSW Thesis Option and presented idea to Faculty of Social Work Associate Dean, Marshall Fine
- Pursued faculty members for the roles of Thesis Advisor and Internal Committee Member
- Completed Part 1 of Thesis Application Form
- Secured Thesis Advisor: Cheryl-Anne Cait and Internal Committee Member: Deena Mandell

#### January 2016

- Met with Thesis Advisor and developed timeline for thesis submission
- Consulted Advisor, library, committee members, senior colleagues for resources pertaining to topic

#### February 2016

- Completed literature review
- Submitted Research Proposal Outline in SK504

#### March 2016

- Submitted Thesis Proposal in SK504 and to Thesis Advisor

#### April 2016

- Met with Thesis Advisor and Internal Committee Member to discuss Thesis Proposal feedback
- Received feedback on Thesis Proposal from SK504 instructors
- Registered for thesis course SK698

#### May/June 2016

- Complete 2<sup>nd</sup> half of Thesis Application Form
- Submit ethics application to WLU Research Ethics Board (REB) via online application, ROME0
- Begin recruiting participants (contingent on ethics application timeline and any required changes)

#### July/August 2016

- Conduct data collection
- Transcribe interviews and small group interviews

#### September – December 2016

- Conduct analysis with support from Thesis Advisor
- Final report writing, chapters sent to Thesis Advisor for review

#### January/February 2017

- Final report writing continued
- Final report drafts to Thesis Advisor for feedback and revisions

#### March/April 2017

- Revisions
- Recruit External Committee Member and Chair

#### May 2017

- Final Defense

#### May 2017

- Final Thesis submission

**Appendix B**  
**LETTER OF INVITATION**  
**WILFRID LAURIER UNIVERSITY**

Principal Researcher: Chloe Frisina, MSW Candidate, Wilfrid Laurier University

Email: [fris4080@mylaurier.ca](mailto:fris4080@mylaurier.ca)

**Purpose**

This qualitative study informed by reflexivity and organizational culture literature uses a comparative case study method to examine the following research question: *How is reflexive practice shaped by organizational culture?* The aim of the research is to capture how different organizational contexts shape reflexive practice. Participants from three different agencies will be recruited. Data sources include agency documentation and small group interviews from clinical social workers at each agency.

**Invitation to Participate**

I would like to invite you to participate in a small group interview. Your participation may take around 90 minutes. The open-ended format is designed to capture your valued thoughts and perspectives on what shapes reflexive practices specifically examining organizational culture. Your identity, agency and responses to the questions will be kept completely confidential. A letter of consent is attached and provides a description and more information about your participation. There is no compensation for participating in this study. However, your participation will be a valuable addition to the research. If you are willing to participate or have any questions please contact Chloe Frisina.

This study has been reviewed and received ethics clearance through Wilfrid Laurier's Research  
Ethics Board, REB4946

**Appendix C**  
**WILFRID LAURIER UNIVERSITY**  
**INFORMATION LETTER & INFORMED CONSENT STATEMENT**

Principal Investigator: Chloe Frisina, Master of Social Work Candidate, Wilfrid Laurier University

Thesis Advisor: Cheryl-Anne Cait, PhD Associate Professor, Wilfrid Laurier University

**Description of Participation**

Your participation will involve one scheduled small group interview. The small group interviews will use open-ended questions pertaining to reflexivity and organizational culture. They will take place at an agreed upon confidential space and may last 60-90 minutes. The principal investigator will take notes and make an audio recording while facilitating the small group interview.

**Risks and Benefits**

Participants will be sharing personal reflections on their professional experiences. There is a small amount of emotional risk associated with the potential content that may be shared. The benefit of participating in this study is you will be contributing to knowledge that will inform social work practice.

**Confidentiality**

Your privacy will be protected and your research records will be kept confidential. Small group interviews will be audio recorded, and the recordings will be stored on a password protected, locked usb and computer. Transcripts or notes from the small group interviews will also be stored in electronic format on a password protected, locked usb and computer. All recordings, transcripts and notes from the small group interviews will be erased 1 month after the final report is submitted in May 2017. Names will be recorded with the data but will not be used in the final report.

There is a possibility that the final report will include quotations from your contributions in the study, however the quotations will not identify participation information.

**Participation**

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed.

Your participation in this study is contributing to the completion of a thesis paper. Results will be presented in a final defense to the thesis advisor and a two-member committee to meet the Master's degree requirements.

Upon completion, there is a possibility that the principal investigator may choose to pursue publication of the final report or present the results at regulatory or professional conferences.

**Contact Information**

If you have questions at any time about the study or the procedures you may contact the principal investigator, Chloe Frisina at [fris4080@mylaurier.ca](mailto:fris4080@mylaurier.ca) or Thesis Advisor, Cheryl-Anne Cait at [ccait@wlu.ca](mailto:ccait@wlu.ca). This project has been reviewed and approved by the University Research Ethics

Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710 x4994, or [rbasso@wlu.ca](mailto:rbasso@wlu.ca).

### **Consent**

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. Please provide your email address only if you are interested in receiving the study findings upon final thesis submission in May 2017.

---

Printed Name and Email (optional)

---

Signature

---

Today's Date (mm/dd/yr)

I consent to be audio recorded.  
I agree to be audio recorded: YES NO (please circle one)

---

Signature

I agree to not communicate the identities of participants nor share comments made by others in the group:

---

Signature

I agree that quotations from my contributions may be used: YES NO (please circle one)

---

Signature

## Appendix D

### INSTRUCTION FOR QUALITATIVE INTERVIEWS

**Date:**

**Location:**

**Introduction** (brief synopsis of research):

1. Orientation of background, thesis completion and synopsis of research project
2. Consent
3. Participant Information:

Participant Demographic Information	
Title:	Title:
Years in Practice:	Years in Practice:
Agency Type:	Agency Type:

- Research Question: How is reflexive practices shaped by organizational culture?
- Definitions shared with participants:
  - Reflexivity: a practitioner’s “self-critical approach that involves him/her questioning how knowledge is created and how he/she may be complicit in relations of knowledge and power that have consequences for inequality, privilege and power” (D’Cruz, Gillianham, & Melendez, 2007, p. 86).
  - Organizational Culture: “shared norms, beliefs, and behavioral expectations that drive behavior and communicate what is valued in organizations. These beliefs and expectations are the basis for socializing coworkers in how to behave within an organization and create a social milieu that shapes the tone, content, and objectives of the work accomplished within the organization” (Hemmelgarn, Glisson, & James, 2006, p. 75).

### Questions

#### **Part I:**

1. What is the mission of your organization? (*Prompting question: how might I see the mission exemplified day to day*)
2. Who are the target clientele?
3. What types of interventions/services do you provide in your role/in your department/program? (i.e. counseling, case management)
4. What is the scope of your position at the agency? (*Scope of practice describes the procedures, actions, and processes that practitioner is permitted to undertake in keeping with the terms of their position*)
5. What are the administrative and/or clinical supervision policies? (*Prompting questions: is supervision provided? is it scheduled consistently and regularly? what is it used for? if no supervision what does the agency expect staff will do?*)

#### **Part II:**

How would you describe the organizational culture at your agency?

- a. Are there dominant discourses (institutional logic) that inform these values and beliefs, if so can you describe them?
6. How do you understand reflexive practices and where does that come from?
7. Did you come into this agency with experience in reflexive practices?
8. How do you use reflexive practices in your current role?
  - a. Is this a required part of your role?
  - b. Are reflexive practices widely practiced or individually utilized?
  - c. Are there practices/policies that support or do not support reflexive practices?
9. Can you describe how your agency's organizational culture supports reflexive practices?  
Shapes reflexive practices?
10. If you could change one thing about the relationship between your organization culture and the use of reflexive practices what would it be?
11. Ending question: Is there anything I haven't asked you that you think is important to say or include?